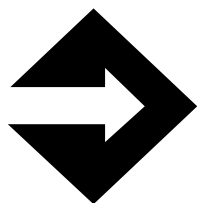


**GENERAL INFORMATION****Be Counted!!!**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Last 4 digits of SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

/ /  
mo/day/yr

ETHNICITY: Asian Am. \_\_\_\_\_

Pacific Island \_\_\_\_\_ Afr-American \_\_\_\_\_

Non-minority \_\_\_\_\_ Hispanic \_\_\_\_\_

Other \_\_\_\_\_ Am. Indian \_\_\_\_\_

None given \_\_\_\_\_ Nat. Alaskan \_\_\_\_\_

**2008 DHHS Guidelines**

Household Income

Over / Under

single \$10,210 \_\_\_\_\_ / \_\_\_\_\_

couple \$13,690 \_\_\_\_\_ / \_\_\_\_\_

3 people \$17,170 \_\_\_\_\_ / \_\_\_\_\_

4 people \$20,650 \_\_\_\_\_ / \_\_\_\_\_

(add \$3,480 for each additional  
household member over 4)

GENDER:

Female \_\_\_\_\_

Male \_\_\_\_\_

RESIDENCE (pop. Under/over 25,000)

Under \_\_\_\_\_

HOUSEHOLD SIZE :

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Have you EVER (even once) used the  
bathing program or mobile meals?

Yes \_\_\_\_\_ No \_\_\_\_\_

**NUTRITION RISK****Directions: Answer yes or no to each question****Yes  
or  
No**

Office use

I have an illness/condition that made me change the kind/amount of food I eat \_\_\_\_\_ 2

I eat fewer than 2 meals per day \_\_\_\_\_ 3

I eat few fruits, vegetables or milk products \_\_\_\_\_ 2

I have 3 or more drinks (beer, liquor, wine) almost every day \_\_\_\_\_ 2

I have tooth/mouth problems that make it hard for me to eat \_\_\_\_\_ 2

I don't always have enough money to buy the food I need \_\_\_\_\_ 4

I eat alone most of the time \_\_\_\_\_ 1

I take 3 or more different prescribed or over-the-counter drugs a day \_\_\_\_\_ 1

Without wanting to, I have lost or gained 10 pounds in the last 6 months \_\_\_\_\_ 2

I am not always physically able to shop, cook and/or feed myself \_\_\_\_\_ 2

**Please turn over and  
continue on the back**



# Be Counted!!!

## ACTIVITIES OF DAILY LIVING (ADL'S) - ability to perform ordinary activities

**Directions - Check "yes" or "no"**

**Yes**

**No**

1 - I can use utensils & eat without help

2 - I can get in & out of a bed or chair

3 - I dress & undress without help

4 - I get in & out of bath/shower without help

5 - I can prepare my bath & wash/dry myself

6 - I can complete toilet activities without help

7 - I walk up/down a flight of stairs without help

8 - I walk without getting tired or needing help

## INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) - important to independence

**Directions - Check "yes" or "no"**

**Yes**

**No**

1 - I can prepare my own meals

2 - I can do housekeeping & outside chores

3 - I can do my own grocery shopping

4 - I can travel in a van, taxi, bus or car without help

5 - I answer the phone & can call the operator

6 - I clean my teeth, comb my hair, shave, etc.

7 - I handle my own bill paying, banking, etc.

8 - I do my own laundry